2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# L08000020413

Entity Name: THE MAW MAW AND GRANDPAPPY LYNN FAMILY ADVENTURE, LLC

Current Principal Place of Business:

2817 LINTHICUM PLACE
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

2817 LINTHICUM PLACE
TAMPA, FL 33618

New Mailing Address:

FEI Number: 26-2047788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KING, VIRGINIA L
2817 LINTHICUM PLACE
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KING, VIRGINIA L
Address: 2817 LINTHICUM PLACE
City-St-Zip: TAMPA, FL 33618

Title: MGRM ( ) Delete
Name: BROWN, JILL L
Address: 130 LIVE OAK RD.
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM ( ) Delete
Name: LYNN, WILLIAM R
Address: 2816 ORMANDY COURT
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VIRGINIA L KING MGRM 03/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date